### Application Data Sheet

# Application Information

Application Type::

Subject Matter::

Regular Utility

Suggested Classification::

Suggested Group Art Unit::

CD-ROM or CD-R?::

None

Number of CD disks::

Number of Copies of CDs::

Sequence Submission?::

None

Computer Readable Form (CRF)::

No

Number of copies of CRF::

0

Title::

OPTICAL UNIT FOR A MOTOR

VEHICLE

Attorney Docket Number::

0512-1018

Request for Early Publication?:: N

Request for Non-Publication?:: No

Suggested Drawing Figure::

Total Drawing Sheets::

4

Small Entity?::

No

Latin Name::

Variety Denomination Name::

Petition Included?::

No

Petition Type::

Licensed US Gov't Agency::

Contract or Grant Numbers::

Secrecy Order in Parent Appl.?:: No

### Applicant Information

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: SEBASTIEN

Middle Name::

Family Name:: BERNE

City of Residence:: MONTBELIARD

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 20 RUE VELOTTE

Address::

City of Mailing Address:: MONTBELIARD

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 25200

Applicant Authority Type:: Inventor

Primary Citizenship Country:: FRANCE

Status:: Full Capacity

Given Name:: CAROLINE

Middle Name::

Family Name:: RIVIERE

City of Residence:: VALENTIGNEY

State or Province of

Residence::

Country of Residence:: FRANCE

Street of Mailing 41 RUE DES GRAVIERS

Address::

City of Mailing Address:: VALENTIGNEY

State or Province of Mailing Address::

Country of Mailing Address:: FRANCE

Postal or Zip Code of Mailing Address:: 25700

# Correspondence Information

Correspondence Customer

000466

Number::

# Representative Information

Representative Customer	000466	
Number::		

# Domestic Priority Information

Application::	Continuity	Parent	Parent Filing
	Type::	Application::	Date::

### Foreign Priority Information

Country::	Application	Filing Date::	Priority
	Number::		Claimed::
FRANCE	01 02754	2/28/01	Yes

# Assignment Information

Assignee Name::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::